

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 14 1961

-61-000686  
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN JEFFERSON CITY, MO.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1008 E MILLER		d. STREET ADDRESS (If outside, give location) 1008 E Miller	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE ENGLISH		4. DATE OF DEATH Month Day Year FEB. 3, 1961	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/19/88
9. AGE (last birthday) 72		10. IF UNDER 1 YEAR Months 6 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poter Missouri Pacific R. R.		10b. KIND OF BUSINESS OR INDUSTRY Jefferson City, Mo. USA	
11. BIRTHPLACE (City and state or country) Jefferson City, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin English		13b. MOTHER'S MAIDEN NAME Winnie Moore	
14. NAME OF HUSBAND OR WIFE Lucindia Jenkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Clarence English J C Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 min 72 hrs 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 5, 1958 to Feb. 3, 1961 and last saw her alive on Feb 2, 1961 Death occurred at 12:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE William C. Foster D.O. 22b. ADDRESS 500 Lafayette Jeff. City, Mo. 22c. DATE SIGNED 2/4/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/5, 1961	23c. NAME OF CEMETERY OR CREMATORY Longview	23d. LOCATION (City, town, or county) Jefferson City, Mo.
24. FUNERAL DIRECTOR Sylvester Rulle	25. DATE RECD. BY LOCAL REG. J C MO. 8 February 1961	26. REGISTRAR'S SIGNATURE R.P. Harrison M.D. Richter	

(Licensed Embalmer's Statement on Reverse Side)

6501 1 833 SA

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address: \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.